

98

File Reid Supply

ROUTING AND TRANSMITTAL SLIP

Date 10-15-84

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. John Goetz, Chief		
2. Haz. Waste Mgmt. Section		
3. KDHE		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Re: Reid Supply
 Notice of Cancellation of
 Ins. Please follow-up.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Karen Flournoy	Phone No.

5041-102

☆ GPO : 1983 O - 381-529 (317)

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

RCRA



551102



**NOTICE OF CANCELLATION
OR NONRENEWAL**

Karen Midge

- The Aetna Casualty and Surety Company
- The Standard Fire Insurance Company
-

Date *10-2-84*
5910

NAMED INSURED

Reid Supply Company
911 E. Indianapolis
P.O. Box 11365
Wichita, Kansas 67202

**TRUSTEE, LOSS PAYEE,
MORTGAGEE OR LIENHOLDER**

EPA Region 7 Director
324 E. 11th
K.C. MO.

The following is applicable only if marked

Ex. 4

- This is to notify you that policy number [REDACTED], issued to you by the above named Company, is cancelled at *12:01 A.M.* standard time on *10-2-84*, 19*84*.
- The reason for this cancellation is nonpayment of premium. If payment in full of the amount of the premium due is received by the Company, or by an Agent or Broker authorized to receive such payment, within 10 days after receipt of this notice by you, this notice will be void.

This is to notify you that policy number _____, issued by the above named Company, terminates on _____, 19____, and will not be renewed, as regards your interest.